



## Town of Cheverly

6401 Forest Road  
Cheverly, MD 20785  
301-773-2666  
toc@cheverly-md.gov

### FOR OFFICE USE ONLY

Date Rec: \_\_\_\_\_

Rec. by: \_\_\_\_\_

## 2023 ANNUAL BOARD/COMMITTEE/COMMUNITY ORGANIZATION FORM

DEFINITION: Community oriented public service organizations qualify provided the general membership consists of at least 20 regular members with at least 50% of the regular members being Cheverly residents. Organizations must maintain by-laws and a list of officers and members. A copy of the by-laws and a current list of officers or a statement of purposes and intent as well as a list of members shall be kept on file in the Town Administrative Office. Data on membership shall be provided to the Town annually and upon request whenever such data is pertinent to a proposed use of the Center.

The Community Organization agrees to indemnify and hold the Town of Cheverly, including its officers, elected officials, agents, and employees, harmless from and against all loss, cost, expense, liability and/or injury (including reasonable attorney's fees) arising out of its use of the Community Center, including any all claims of injury or other harm by a third party against the Town, its officers, elected officials, agents and employees based upon the Community Organization's use of the Community Center.

**NOTE:** The Town must receive this renewal by January 3, 2023, to prevent the suspension of Newsletter and building use privileges.

Name of Town Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Organization Contact Name: \_\_\_\_\_

Address & Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mission of organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization's website (if applicable):

Are you a 501c3 Organization? ☐ Yes ☐ No

Are you requesting access to the Community Center/Town Hall ☐ Yes ☐ No

**If the Community Organization would like to use the Community Center/Town Hall, you must submit a recent copy of your Liability Insurance naming the Town of Cheverly as additionally insured prior to use.**

Are you requesting access to the Cheverly Newsletter? ☐ Yes ☐ No

(If yes, please complete the two points of contacts for the Newsletter)

**Please note: The Newsletter will only communicate with and print content received from the two contacts listed on this organization application.**

**Newsletter Main point of contact:**

First and Last Name: \_\_\_\_\_

Position in the organization or job title: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Newsletter Alternate point of contact:**

First and Last Name: \_\_\_\_\_

Position in the organization or job title: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please attach a list of members for your organization for the current year. The list should contain names, phone numbers, addresses or email addresses for at least 20 individuals including the two above. At least 10 of the members must be Cheverly residents to qualify as a community group.

☐ **I have reviewed the Newsletter Policy to make sure my organization qualifies for these privileges.**

☐ **Completed and Submitted List of Members:**

**(Minimum of 20 members and 50% Cheverly Residents)**

\_\_\_\_\_  
**Signature of Responsible Party**

**Offices Use Only**

☐ **New Organization** ☐ **Renewal Form** ☐ **Building Use Permission** ☐ **Newsletter Permission**

**Notes:**

\_\_\_\_\_  
**Approved: Town Administrator**

